

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593002

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4		/				
5		/				
6		/				
7	/					
8		/				
9		/				
10	/					
11		/				
12		/				
13		/				
14	/					
15		/				
16		/				
17		/				
18		/				
19		2				
20		1				
21		0				
22		0				
23		0				
24		0				
25		4				
26		4				
27		4				
28		4				
29		4				
30		4				
31		4				
32		4				
33		4				
34		4				
35	/					
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41		/				
42	/					
43		7				
44	/					
45	/					
46		/				
47		/				
48		/				
49		/				
50	/					
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
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98						
99						
100						
TOTAL IND.	17	↓		↓		↓
TOTAL DEP.	79	←		←		←
TOTAL CLAIMS	96					